

**Louisiana Alliance for Life
(14 Subcontractors)**

Woman's New Life Center of Metairie (WNLCM) Angie Thomas	Region 1, Jefferson Parish
Women's New Life Center of Baton Rouge (WNLCM) Angie Thomas	Region 2, East Baton Rouge Parish
Pregnancy Problem Center (PPC) Frances Coleman	Region 2, East Baton Rouge Parish
Women's Help Center (WHC) Barbara Thomas	Region 2, East Baton Rouge Parish
Catholic Charities of the Diocese of Baton Rouge Stephanie K. Sterling, LCSW	Region 2, East Baton Rouge Parish
Family Resource Clinic (FRC) Julie Stanley	Region 3, Livingston Parish
Hope Restored for Life, Inc. (HRL) Peggy Fabre	Region 4, Terrebonne Parish
Crossroads Pregnancy Resource Center (CPRC) Helen Terrebonne	Region 4, Lafourche Parish
Women's Center of Lafayette (WCL) Brenda DeSormeaux	Region 5, Lafayette Parish
Iberia Pregnancy Resource Center and Clinic, Inc. Cindy Blanchard	Region 5, Iberia Parish
Volunteers of America – Lake Charles Marcell Clement, Regional Director	Region 6, Calcasieu Parish
Volunteers Pregnancy Services (VPS) Donna Capps	Region 7, Rapides Parish
Northwest Louisiana Pregnancy Care Center (NLPCC)	Region 8, Webster Parish

Lisa Gould

Life Choices of North
Central Louisiana (LCNCL)
Kathleen Richard

Region 9, Lincoln Parish

Use of Key Personnel

Please see the section, Personnel/Staff Qualifications, which is on page 34.

Indicate ability to produce measureable gains towards proposed outcomes and performance indicator targets, clarity to which project outcomes are defined, measurable and relevant to goals, extent to which programming is based on recognized models of service delivery.

Indicate ability to produce measureable gains towards proposed outcomes and performance indicator targets

The LAFL, which was administered by FVRI, consisted of 13 subcontractors in 9 parishes, provided Alternatives to Abortion counseling to over **2,600** low-income women and their male partners during 2014 – 2015 fiscal year (FY); and over **2,400** low-income women and their male partners during 2013 – 2014 FY. LAFL has provided services to over **1,800** low-income and their male partners during 2015 – 2016 FY as of April 25, 2016, and is on-target to reach the goals for all indicators. These figures do not include women, who were not eligible under Temporary Assistance for Needy Families' guidelines, and an additional **1,300** women received alternatives to abortion services during 2014 – 2015 FY and **1,200** women during 2013 – 2014 FY.

Women's Help Center participated in the Life Choice Project from 2002-2005.

Barbara Thomas and her staff facilitated workshops for the Life Choice Project and Barbara Thomas served on the Life Choice Project's Advisory Committee, which made recommendations for planning and implementation of the Life Choice Project. Women's Help Center gained experience in participating as a collaborative partner in the statewide and state-funded network of service providers through its participation in the

Life Choice Project. This experience as a member of a statewide network of pregnancy resource centers also provided knowledge of how to not only form a network of providers, but also provided the knowledge of how to work successfully with collaborative partners. The Life Choice Project's Final Review, which was conducted by state representatives and an external evaluator, assessed Women's Help Clinic's compliance in providing the agreed upon deliverables; procedures in documentation; monitoring; and fiscal management in the administration of the statewide initiative.

For over 25 years, FVRI provided an abstinence education program that informed youth about the negative consequences of premarital sex, high-risk behavior, STDs and HIV/AIDS. The program included engaging sessions that lead to discussions about risks and consequences of premarital sex. From 1998 through 2001, FVRI contracted with the Governor's Program on Abstinence and the Department of Social Services Teen Pregnancy Prevention Program. Results from the Abstinence Education Program in 2002 (Unduplicated Program Participants to date) were: 1,189 students, who were taught at 35 different locations that included community youth organizations, schools, and churches and provided a total of 14,268 contact hours. The four program sites, which FRVI coordinated, provided age-appropriate teen pregnancy prevention services to youth, ages 11-19. Upper elementary students (4th and 5th grades) received services through the "Get Real About AIDS" program, middle school students (6th – 8th grades) received services through the "Making a Difference" program, and high school students (9th – 12th grades) utilized Becoming a Responsible Teen (BART) program. All of the curriculums were recognized models of service delivery.

Clarity to which project outcomes are defined, measurable and relevant to goals

Please see the section, Provide specific information on the impact and outcomes on similar services delivered by proposer's organization, on page 32 for a description of project outcomes, which were defined, measurable and relevant to the goals of the project.

Extent to which programming is based on recognized models of service delivery

LAFL will meet the needs of the targeted population by replicating evidenced-based alternatives to abortions programs, providing core and support services that promote healthy options for mothers and their babies, and "widening the net" to include a statewide network of providers. The 4 core services for pregnant women or women who think they may be pregnant will include: (1) improving healthy childbirth, (2) increasing full-term pregnancy, (3) increasing decision making skills through informational or counseling sessions that enhance their understanding of adoption or parenting as alternatives to abortion, and (4) promoting abstinence as an option for preventing unplanned pregnancies. Specific services will include: Pregnancy Tests, Abstinence Sessions, Support Services and Referrals, Prenatal Care Visits, Parenting Classes, Prenatal Classes, Counseling for Male Partners.

Describe how the outcomes of improved health and well being of women experiencing unplanned pregnancy and the increased number of healthy full-term unplanned pregnancies will be achieved.

With dwindling funds to handle increased demands for community assistance in providing health care prevention, education and services, many communities are unable to respond with more effective, broad-based, and coordinated interventions to low-income women that are experiencing crises and unplanned pregnancies and poor prenatal care.

LAFL has selected outcomes, such as pre-natal care, that will improve the health of women experiencing unplanned pregnancies as well as their babies. Prenatal care is crucial for women at risk of adverse pregnancy outcomes, such as infant mortality and low birth weight, as well as appropriate medical, nutritional, and educational interventions to reduce risk. Additionally, prenatal care is most effective when it begins during the early stages of pregnancy.

In addition to referrals for substance abuse and mental health counseling, LAFL will allow low-income women, who are pregnant, and/or pregnant minors whose family's income is at or below 200 percent of the federal poverty level, access to ancillary services that will improve and increase the number of healthy full-term unplanned pregnancies, and as well as improve their health outcomes, during their pregnancy, labor and delivery.

Clarify rationale with which both problem and solution are defined.

Definition of Problem

Abortion Rate in Louisiana

According to a *Report of Induced Termination of Pregnancy* by the Department of Health and Hospitals, the number of abortions in Louisiana has increased slightly by 1% from 9,977 in 2013 to 10,211 in 2014. There may be several factors, which are discussed in more detail in this section, that are attributing to the slight increase in abortions in Louisiana. For example, some women recognize that they are not ready to be a parent and see abortion as their only alternative; however, other women utilize abortion as a birth control method. The slight increase in abortion rate in Louisiana may be attributable to the changing demographics of women, who chose abortion rather than adoption. According to the May 2010 Report, *Characteristics of U.S. Abortion Patients*,

2008, by R.K. Jones, L.B. Finer, and S. Singh, "Women obtaining abortions in 2008 were less likely than their counterparts in 2000 to be married or to have a religious affiliation, and were more likely than the earlier cohort to have a college degree. These patterns largely reflect changes in the population of all women of reproductive age." The following is additional data that were pulled from the May 2010 Report, *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh and other reports:

Martial Status

Although the marital status of women, 85% were not married that had abortions, did not change statically, 29% were living with the man, who had made them pregnant, and almost 50% had been in a relationship for more than 1 year.³ Similar to *Characteristics of U.S. Abortion Patients*, 85% of women, who had abortions, were Unmarried, according to the Induced Terminations of Pregnancy report.

Education

The number of college aged women, who had an abortion, was higher than women who were not pursuing an education. "The overwhelming majority of abortion patients aged 20 and older had graduated from high school – 88%, including the 20% who had at least a bachelor's degree."⁴ The Induced Terminations of Pregnancy did not track Education.

Number of Children in Households

Sixty-one percent of women, who had abortions, were more than likely had at least one

³ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

⁴ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

child, and over one-third, 34%, had 2 or more children.⁵ The Induced Terminations of Pregnancy did not track the Number of Children in Households.

Age

The age of women obtaining abortions has also changed from teens, aged 15 and below, to women in their 20s, which accounted for 58% of abortions, and women in their 30s, who accounted for 22% of abortions nationally.⁶ Unintended pregnancies occur among women of all socioeconomic, marital status and age groups; however, data suggest that unmarried, women in their 20s and 30s are more likely to become pregnant unintentionally. Programs have typically focused on adolescents, and without a closer examination of the data, adolescents were assumed to have the highest rate of abortions.⁷ Similar to *Characteristics of U.S. Abortion Patients*, the highest number of abortions reported for women, who were between 20-24, and the 2nd highest number of abortions reported for women, who were between 25-29, according to the Induced Terminations of Pregnancy report.

Repeat Abortions

According to a research article, *Repeat Abortion in the United States*, the following key findings on repeat abortions were presented:

- Women were more likely to be 30 or older;
- Women had prior births;
- Women who were black did not have a college degree;

⁵ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

⁶ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

⁷ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

- Women used contraception;
- Repeat abortions occurred within 5 years of prior abortions; and
- Women had experienced unintended pregnancies previously.

The Induced Terminations of Pregnancy did not track the Repeat Abortions.

Race

According to the Induced Terminations of Pregnancy, 69% of women, who had abortions, were Non-white in comparison to 30% of women, who were White.

Definition of Solution

It is critical that the Alternatives to Abortion Initiative address the changing demographics and develop strategies that identify and engage the targeted populations, such as college-educated women that several studies have identified as the population that has increased in the number of abortion incidences. For example, the decision to have an abortion may result in college women wanting to complete their schooling, and having a child would prevent college aged women from accomplishing their educational goals. By examining the data for each sub-population, LAFL would develop messages for specific sub-populations, such as college aged women. In the case of college aged women, messages may focus on encouraging abstinence so that they may achieve their educational goals, and placing more information on college campuses. LAFL will incorporate outreach activities at Baton Rouge Community College and at Southern University. Several current subcontractors, which follow, are located near colleges in 5 parishes:

Life Choices of North Central LA – Louisiana Tech University

Northwest LA Pregnancy Care Center – Louisiana Technical College

Women's Help Center – Southern University and A & M College

Women's Center of Lafayette – University of Louisiana at Lafayette

Pregnancy Problem Center – Louisiana State University

In 2009, which is the latest statistical data for Louisiana, teen girls, 15 to 17 years, birth rate was 42% for black teens and almost 20% for white teens, according to the Louisiana Department of Health and Hospitals. The percentage of white teen births has gradually increased and the percentage of black teen births has remained relatively stable. So, greater emphasis may be needed to prevent white teen births from escalating. Statistical data of teen birth rates for ages 15-17 indicate that subcontractors will have to provide better penetration of the abstinence message in white communities and maintain or improve the strategies in African American communities for teens, 15-17 years old.

The Alternatives to Abortion Initiative's services, such as providing free pregnancy tests, will remain the same; however, the public relations strategies and outreach events will focus on specific subpopulations and must improve in order to reach the changing demographics. According to the *Characteristics of U.S. Abortion Patients, 2008* report, ". . . the population of women has become more racially and ethnically diverse; more women have college degrees; and fewer women are married and more women are cohabiting. These changes may have affected the need for or use of abortion among different subgroups of women and, in turn, altered the social and demographic composition of the population of abortion patients." As a result of more women cohabiting, the Alternatives to Abortion Initiative will have to focus on male partners, who influence the decisions of women to have abortions rather than to consider adoption.

Specifically, the following are goals and objectives:

Goal 1: To strengthen the statewide network of qualified organizations to provide Alternatives to Abortion services to TANF eligible women, experiencing a crisis pregnancy or women who think they may be pregnant.

Objectives:

1. To work collaboratively with at least 1 subcontractor in each region of the state.
2. To increase subcontractors' capacity in 9 Regions to provide services to TANF eligible women experiencing unplanned pregnancies through training and technical assistance.
3. To provide quarterly training and technical assistance meetings.

Goal 2: To increase the capacity of subcontractors as a "one-stop" agency that will provide access to an array of core services to TANF eligible pregnant women or women who think they may be pregnant in their decision regarding adoption or parenting as an alternative to abortion.

Objectives:

1. To provide **1,770** TANF eligible pregnant women or women who think they may be pregnant access to 4 core services.
2. To provide informational or counseling sessions that increases **1,770** TANF eligible pregnant women's understanding of adoption as alternatives to abortion.
3. To provide **1,375** informational or counseling sessions on abstinence in preventing unplanned pregnancies.
4. To provide support services and referrals for on-going basic needs to **1,770** TANF eligible pregnant women.

5. To provide prenatal care visits to **1,100** TANF eligible pregnant women.

Goal 3: To implement the Parenting program.

Objectives:

1. To provide parenting classes to **1,350** TANF eligible pregnant women.
2. To provide prenatal classes to **1,100** TANF eligible pregnant women.
3. To increase the capacity of subcontractors to provide effective counseling services to **720** male partners.

The Logic Model, which is on page 6, outlines the year-end program participation targets for core and support services as well as monthly projections.

Describe how the use of qualified subcontractors will be determined and used to meet the stated goals, objectives and requirements of proposed services delivery (if applicable). Please see page 10.

Detail how subcontractors will be monitored to ensure terms of subcontracts are being met, service delivery is appropriate and program performance is adequate.

All services provided by the sub-contractors will be tracked and verified by the Compliance Officer and/or Project Administrator. Subcontractors will be evaluated on several criteria, such as meeting monthly targets specified for their sites, participation in technical assistance workshops, participation during monthly conference call meetings, and the quality of care and services that are provided to the targeted population.

Depending on the criteria, different evaluation tools will be used. In order to monitor client and delivery services in 9 Regions, clients will be informed during the assessment that they can participate in a survey, which will be used to evaluate services. All subcontractors must agree to cooperate with any monitoring/evaluation site visits or requests for information. Each subcontractor will be required to report monthly data including the following performance indicators:

1. Number of TANF-eligible clients that are served;
2. Number of clients engaged in parenting education;
3. Number of clients engaged in pre-natal care;
4. Number of clients receiving support services to address basic needs;
5. % of clients who demonstrate an increased understanding of the effects of the health-related behaviors, as evidenced by pre- and post tests; and
6. % increase of clients who have full-term pregnancies.

All data will be submitted to the Department of Children and Family Services, as required under the terms of the contract.

Describe linkages or partnerships that will accomplish service goals.

FVRI linkages and partnerships include: Crisis Pregnancy Centers both locally and nationally; Healing Place Church/HP Serve; Vitamin Angels (www.vitaminangels.org), which provides a year's supply of vitamins for pregnant and lactating clients; Family Service of Greater Baton Rouge, which provides on-site HIV Testing for women during FVRI's prenatal classes; Louisiana Baptist Children's Home/Pregnancy Mobile Unit, which provides free pregnancy testing and ultrasounds at community outreach events; a referral system, which includes Family Roads, Better Beginnings and other medical professionals for obstetrical care and other community-based pre-natal and parenting classes. FVRI partners with East Baton Rouge Parish School System and offers academic enrichment programs in Math, English and Reading. Classes are available to clients, who want to improve their job skills or obtain a GED. FVRI also utilizes student volunteers from Southern University, LSU and other area learning institutions.

Each subcontractor will participate in a training on identifying the appropriate collaborative partners based on the needs of the specific area, and on identifying and

promoting non-traditional partners, such as obstetrical practitioners in Louisiana (e.g., nurse midwives, nurse practitioners) in order to address low-birth weight. Providers will be asked to collaborate with state regional offices. For example, providers will be encouraged to work in conjunction with the Office for Addictive Disorders for substance abusing pregnant women.

Include year-end program participation targets for each service delivery program component. These year-end targets should be projections of monthly targets to demonstrate how the year-end outcomes and goals will be met. Recommended examples of performance indicators are listed in Attachment I. Proposers may develop other measures specific to their unique services.

Please see page 7.

Describe the services to be provided and how they are directed towards low-income women who are pregnant or think they may be pregnant, their male partners and/or pregnant minors whose family's income is at or below 200 percentage of the federal poverty level. All supportive services proposed should be described as they relate to one or more of the four core services in Request for Proposal Attachment 1 – Scope of Services.

The income level of women, who experience unintended pregnancies, is at or below the poverty level, and the rate of poor women, 27% in 2000, has changed substantially to 42% in 2008.⁸

Pregnant women, who utilize the services of the subcontractors, will be asked to refer or include their partners in counseling sessions. The counseling sessions will encourage the fathers to support their pregnant partners or their partners, who may think that they are pregnant, decisions not to have an abortion. During a review of FVRI's case files for October 2012, 49% of the women indicated that their partners had substantial influence on their decisions to have an abortion. In addition to counseling sessions on alternatives to abortion for fathers, the subcontractors will implement a

⁸ *Characteristics of U.S. Abortion Patients, 2008*, by R.K. Jones, L.B. Finer, and S. Singh, May 2010 Report.

systemic approach to working with non-custodial fathers and sessions' goals include: to increase non-custodial fathers' relationship with their children and to develop parenting skills through parenting classes; to increase the fathers' ability to develop and maintain a positive relationship with their children; to provide information or referrals on educational programs, such as GED or vocational programs; to encourage financial support for families' economical stability; to invite state job assistance agencies and non-profit organizations that provide employment assistance to exhibit and hold a session on how to work with agencies; and to hold a session by Child Support Enforcement (CSE) on how Pregnancy Clinics can assist clients in understanding CSE policies and procedures.

Each subcontractor will attend and/or host a community event and utilize the pregnancy mobile unit provided through a partnership with the Louisiana Baptist Children's Home. These outreach events will provide free pregnancy testing and ultrasounds to women who cannot come into the crisis pregnancy centers.

According to a research article, *Repeat Abortion in the United Sates*, women who have undergone more than 1 abortion procedure lack housing, food, jobs and child care, and face obstacles such as abusive partners, physical and mental health problems, or substance abuse. All of the supportive services will augment the four core services. For example, the following supportive services that were identified have been evaluated in relation to the core services:

Core Service	Supportive Service
Healthy Childbirth	Referrals for housing and food
Full Term Pregnancy	Referrals for housing, food, jobs and child care

Decision Making	Counseling sessions to address abusive partners, physical and mental health problems, or substance abuse
Abstinence	Counseling sessions on mental health problems or substance abuse

Describe the process for verifying and documenting eligibility.

The processes for documenting eligibility are:

1. Intake forms will be used to gather demographic, gynecological, abortion vulnerability, and client risk behaviors.
2. Potential clients who are pregnant or think they may be pregnant will be screened to determine eligibility for TANF-funded services utilizing the TANF-EZ Eligibility Form and must provide documented evidence to verify eligibility for services.
3. Client Services Form, such as the files utilized in all medical clinics, will document the services that are provided and the date of service. Client Services Form will include the following categories:
 - a) Pregnancy testing
 - b) Counseling
 - c) Abstinence, abortion, and adoption education
 - d) Referrals and names of approved agencies
 - e) On-going services: instruction, education, in-kind services such as:
 - 1) Prenatal classes
 - 2) Parenting classes
 - 3) Any in-kind services rendered – i.e. pantry, client follow-up, and etc.

EXPERIENCE AND CAPACITY

EXPERIENCE AND CAPACITY OF ORGANIZATION:

Describe the professional qualifications of the organization or entity; experience providing services to targeted population; capacity to build or maintain community networks.

Describe the professional qualifications of the organization or entity.

In 2007, FVRI received certification, Standards of Excellence, from the Louisiana Association of Nonprofit Organizations (LANO) after completing the Rural Capacity Academy, which was a 3-year capacity building and technical assistance program. The Standards of Excellence certification by LANO is bestowed on nonprofit organizations that meet the highest standards in 8 strategic areas, including financial, program evaluation, board governance and personnel. The strenuous application process includes a review of policies and procedures as well as standard operating practices.

In addition, FVRI has been accredited by ProLiteracy for its GED Program.

Barbara Thomas and her husband, Charles, founded FVRI in 1991. Barbara serves as the Project Director, and she works to raise funds and develop programs to fit the needs of the community. In 1992, FVRI began providing various services to north Baton Rouge and surrounding communities from a 2,000 sq. ft. building. In 2006, an anonymous donor donated a 22,000 square foot building to the organization, which will enable the organization to expand and provide additional services. Recently, FVRI expanded the capacity of their current facility to receive the influx of students who wanted to obtain their GED.

Experience providing services to targeted population

Since 1992, FVRI has operated the Women's Help Center and has provided services to more than 70,000 women experiencing unplanned pregnancies. Although the Women's Help Center's clientele is drawn from the entire city of Baton Rouge and

surrounding areas, the primary service area is Scotlandville, which is located in North Baton Rouge near Southern University. Women's Help Center has a highly qualified team of caring and compassionate professionals, who offer counseling, medical, and support and core services to women and their families.

Similar to crisis pregnancy centers across the nation, Women's Help Center addresses issues regarding women's emotional and physical needs, providing counseling, assisting with clothing for mothers and children, food, employment and housing referrals, and other appropriate supportive services. Women's Help Center is the initial and most critical contact for thousands of Louisiana's minority, young, and low-income pregnant women and their babies who are at risk of poor pregnancy outcomes. Women's Help Center expanded and enhanced its services by educating pregnant women on the importance of early prenatal care, and improved the pregnancy and birth outcomes of Louisiana women. Since its inception, Women's Help Center adopted a comprehensive approach to addressing the prenatal and postnatal needs of pregnant women. This comprehensive approach to addressing the needs of pregnant women also became a leading factor in FVRI seeking to provide programs that promote abstinence.

Capacity to build or maintain community networks.

Barbara currently develops strategies for helping other individuals establish outreach centers like the Women's Help Center and dreams of planting new pregnancy help centers in inner city communities across America. She encourages pregnancy help centers to go further in addressing the needs of women and their families by adopting her pregnancy center model, which will greatly assist in deterring abortions. FVRI

provides management oversight of four pregnancy help centers in the region, providing them with practical day-to-day assistance. FVRI provides ongoing in-service training and development for staff, volunteers, and board members of crisis pregnancy clinics in order to provide the most effective service to women and their unborn children.

Barbara partnered with Healing Place Church/HP Serve and established a satellite center in the Baton Rouge Dream Center, which is located on Winbourne Avenue. She has touched the lives of the entire community through the center's programs. In fact, because of the impact FVRI's programs have had on the entire community, Barbara has received numerous awards such as the Urban Restoration Enhancement Corporation's Giving Hearts Award and the Top Ladies of Distinction's "*Sterling Silver Award*" for the Status of Women. She was chosen as an Honorary State Representative by then Representative Melvin "Kip" Holden and has taken on the honor of running for public office in the district in which she serves every day.

Provide evidence of capacity to plan and implement a sound program within the contract timeframe.

Since 2013, FVRI has administered the Alternatives to Abortion initiative in the Southern and Northern regions of the State. In conjunction with 13 subcontractors in 9 parishes, FVRI has successfully implemented a delivery service model, which had been adopted by all subcontractors. FVRI has not been cited for any discrepancies or placed on a corrective action plan.

The staff of FVRI has over 20 years of experience in operating an abstinence program. FVRI was awarded \$200,000 in 2007 from the Department of Social Services, Office of Family Support, to implement a Teen Pregnancy Prevention Program, which was also an abstinence program. FVRI managed 3 Teen Pregnancy Prevention

Program sites, Greater Mount Olive, Gloryland Educational Resource Center, and Jehovah-Jireh Christian Academy. In the spring of 2007, FVRI provided services to 88 students at Jehovah-Jireh, 20 students at Gloryland Educational Resource Center, and 25 students at Greater Mount Olive. After successful implementation of the Teen Pregnancy Prevention Program in 2007, FVRI was awarded \$200,000 in funding to implement the Teen Pregnancy Prevention Program for 2008. In addition, FVRI was awarded funding as a result of meeting all reporting and evaluation requirements. In the spring of 2008, FVRI provided services to 88 students at Jehovah-Jireh. The programs at Gloryland Educational Resource Center and Greater Mount Olive were summer programs. Also, FVRI served as a contractor and service provider for Ensuring the Future; Preventing Teens Pregnancy in Louisiana (CFDA #93.558) through the Louisiana Department of Education from 2003 through 2004. FVRI offered research-based abstinence programming at Jordan United Methodist Church and academic enrichment in Math, English and Reading at Crestworth. Also, FVRI contracted with the Governor's Program on Abstinence from 1998 through 2001.

Describe facilities, equipment, community partnerships or other relevant information.

The pregnancy crisis center's staff is housed at FVRI's office, which is located at 7515 Scenic Highway in Baton Rouge. FVRI is located in North Baton Rouge and in a community, which is known as Scotlandville. Scotlandville is also one of Baton Rouge's oldest neighborhoods. FVRI operates in an area of North Baton Rouge that is home to a Historically Black College and University, Southern University and A & M College and University. In addition to a 2,000 sq. ft. clinic, FVRI's facilities and equipment are adequate for the staffing needs, which include the following: an open waiting area,

Model that serves as the evaluation plan, which has been included in the Approach and Methodology section of this proposal. The Evaluator's resume has been included in this proposal and has participated in the LAFL initiative since 2013.

Provide specific information on the impact and outcomes on similar services delivered by proposer's organization.

The staff of Resource & Fund Development, LLC served as project evaluator of FVRI's Teen Pregnancy Prevention Program through the Louisiana Department of Social Services, Office of Family Support through 2007. The following are the Performance Indicators that were required by the Louisiana Department of Social Services:

- Total number of approved scheduled contact hours;
- Number of contact hours participants received.
- Research-based TPP curriculum instruction;
- Number of contact hours participants received.
- Personal and Social Skills curriculum instruction;
- Number of age appropriate participants completing a TPP curriculum cycle;
- Number of age appropriate participants indicating a decrease in risky behaviors (per – pre/post test results);
- Number of age appropriate TPP participants showing increased knowledge (per – pre/post test results);
- Number of Teen Parent participants showing increased parenting skill/knowledge per pre/post test results;
- 80% of participants indicate better communication skills help remain control during risky circumstances; and

- 50% of participants will be motivated to make pledge of "sexual abstinence before marriage" by the end of the course.

FVRI evaluated the affects of the Choosing the Best Curriculum which was taught by FVRI to students 9 through 18 and attending Title I Elementary Schools in East Baton Rouge Parish. FVRI's evaluator found that teaching this curriculum to students ages 9 to 12 resulted in increased self-esteem, increased school performance, and an age appropriate understanding of the benefits of abstinence.

Demonstrate that proposer's mission is consistent with promoting childbirth rather than abortion.

Ensuring the health of pregnant women and their unborn are the primary purposes of FVRI. For over 20 years, FVRI, a community-based non-profit organization in Baton Rouge, Louisiana, has operated programs and services, which offer health care to pregnant women, and support to their mates and families in order to cope with unintended pregnancies.

FVRI's mission is: Provides educational and counseling programs in predominantly urban areas to empower families with resources, skills, and principles for generational prosperity.

Describe partnerships and/or collaborations with other entities within the community.

During the past 20 years, FVRI has collaborated with many community and faith-based organizations that have provided both financial and spiritual support in order to accomplish its mission. Other agencies that have collaborated with FVRI include Crisis Pregnancy Centers both locally and nationally; churches, such as Bethany World Prayer Center, Healing Place Church/HP Serve, Living Faith Christian Center, Plains Presbyterian Church, and Jubilee Christian Center that both provide financial contributions to help offset operational expenses. The Women's Help Center, which is

one of FVRI's programs, is affiliated with: Care Net Inc., Heartbeat International, National Institute of Family and Life Advocate, LEARN (Life Education and Resource Network), ProLiteracy, Baton Rouge Right to Life, Louisiana Right to Life, Louisiana Medicaid/DHH, and LANO.

PERSONNEL/STAFF QUALIFICATIONS

Provide credentials of the staff that will oversee administrative, budget, and financial duties as well as program staff for service delivery of services (If staff is not currently employed with proposer's organization, provide detailed job descriptions for the positions)

LAFL will be lead by **Barbara Thomas**, and her resume has been attached. As Project Director, it will be her responsibility and duty to facilitate the overall operations of the project. Mrs. Thomas has worked with women experiencing crisis pregnancies for over 30 years. The Women's Help Center serves as a model to other Crisis Pregnancy Clinics (CPC) across the state and nation. She has personally assisted in the design and operation of four CPCs across the state, nation, and internationally: the Feliciana Women's Help Center in Ethel, Louisiana; the Women's Resource Center in Jackson, Mississippi; Johannesburg Women's Help Center in South Africa; and the Pregnancy Hope Center in the Center of Hope Building in South Baton Rouge Parish. Mrs. Thomas also serves on the board of directors of a national organization, LEARN. She is a highly sought-after speaker at seminars and workshops throughout the nation.

Michael A. Ferris will serve as Project Administrator and also as the training coordinator for the LAFL. Mr. Ferris' resume has been attached. Mr. Ferris has successfully administered federal grants totaling \$1.5 million for the Crisis Pregnancy Centers throughout the state of Louisiana, which involved 20 pregnancy centers statewide. Mr. Ferris also was responsible for OSHA and medical regulations policies,

training, advertising, and disbursement of all funds.

Chanell Thomas will serve as the Compliance Officer for LAFL, and her resume is attached.

LaTosha Isaac has over 11 years of experience in accounting, and will be responsible for overseeing the budget. Her financial duties will include paying subcontractor invoices, and managing the project budget. LaTosha's other financial duties at FVRI include processing bank reconciliations and submitting payroll taxes.

Angel Heath has several years of experience in customer service with more than 10 years of experience in Administrative Support on the executive level. She has one year of training in management, and 10 years of experience in Women's Ministry. In addition, she has worked with sexually abused children and sexual abusers. She has an Associate's in Journalism with an emphasis in Photography, and is currently working on a Bachelor of Science in Religion: Biblical and Theological Studies.

Provide resumes and job descriptions of key personnel.
See Appendix.

SERVICE DELIVERY AREA

SERVICE DELIVERY AREA:**Describe how services are targeted in high-risk areas**

A low-birth weight infant is defined as an infant weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. *Percent of Live Births Less Than 2500 Grams and Teen Birth Rate for 15-19 years* will be identified for each parish in the 9 Regions, utilizing 2014 Louisiana Health Report Card. Based on the 2014 Louisiana Health Report Card, a chart will be developed that identify the parishes that have a higher percentage of teen birth and low-birth weight babies, and the providers will be instructed to emphasize services to address the issues that are prevalent in a specific area. Since the factors that impede access to services may be different for each parish, providers will identify and remove barriers that are specific for each parish in the 9 regions. For example, in 2013, East Carroll Parish had the highest percentage of low-birth weight babies in Louisiana at 21.1% of live births, while Cameron Parish had the lowest at 3.1% of live births. Therefore, providers will place additional emphasis on the importance of prenatal care in East Carroll Parish. All parishes that are above the state average of 10.9% for low-birth weight will be instructed to place additional emphasis on the importance of prenatal care. In Cameron Parish, the emphasis may be on promoting abstinence as a result of single women experiencing multiple births. The following suggested services to address low-birth weight babies will be implemented in the parishes; however, the specific service will be dependent on the factors that impede access:

- Improve access to and utilization of prenatal care by identifying and removing barriers, eliminating factors contributing to racial disparity;
- Expand a system of prenatal screening for multiple risk factors (e.g., substance use/abuse, domestic violence, and depression) associated with poor pregnancy

outcomes, so that identified women can be referred early for appropriate case management services;

- Promote healthy oral hygiene during pregnancy, particularly coverage of treatment of periodontal disease currently included as Medicaid-covered services;
- Promote appropriate weight gain during pregnancy, as Louisiana data reveal increased risk of low-birth weight in women with too little weight gain;
- Identify maternal risk factors and referral for treatment as appropriate;
- Reduce substance abuse (including use of drugs, alcohol, and tobacco) among pregnant women through public education and referral to services;
- Increase and expand screening, brief intervention, referral and treatment services for substance abusing pregnant women;
- Increase WIC services for pregnant women;
- Include data collection to gather information on risk factors in low-birth weight pregnancies;
- Increase support for Partners for Healthy Babies, which promotes healthy prenatal behaviors and early prenatal care through media messages, website, and a toll-free hotline that links pregnant women with healthcare providers; and
- Advocate and work to eliminate racial, ethnic and economic based disparities in low-birth weight.

The following suggested services to address teenage birth rates will be implemented in parishes; however, the specific service will be dependent on the factors that impede access:

- Develop and strengthen community based organizations working with adolescents;

- Coordinate and facilitate the issuance of educational material to adolescents;
- Increase the number of women under age 19 who access services;
- Conduct statewide training programs and provide technical assistance on attracting adolescents to clinics;
- Ensure there is training on the intake of adolescents in the network of pregnancy centers;
- Provide training on family involvement to increase parental involvement in adolescent reproductive health care;
- Ensure access to information on abstinence for adolescents;
- Distribute information and educational materials used to inform, teach, and encourage teens in the prevention of teen pregnancy through abstinence; and
- Provide technical assistance and give presentations on adolescent health to providers.

Describe demographics and economics of community as well as ability to target participants.

Despite an overall decrease in teen birth rates over the last two decades, teenage pregnancy continues to be a problem for the nation. Teen mothers are less likely to receive adequate prenatal care and are more likely to give birth to low-birth weight infants.⁹ Their infants are more likely to be hospitalized and to have childhood health problems. National statistics report that most births to teens, 78.9%, occur outside marriage¹⁰ and 25% of teenage mothers have additional children within the next two years.¹¹ These factors, combined with the fact that teenage mothers are less likely to

⁹ Lewis CT, Mathews TJ, Heuser RL. *Prenatal Care in the United States, 1980-94*. National Center for Health Statistics. Vital Health Statistics 21 (54).

1996.

¹⁰ Ventura SJ, Curtin SC, Martin JA, Mathews TJ. "Variations in Teenage Birth Rates, 1991-98." *National Vital Statistics Reports*, vol. 48 no 6.

Hyattsville, Maryland: National Center for Health Statistics. 2000.

¹¹ The Alan Guttmacher Institute. *Sex and America's Teenagers*. 1994.

finish high school, contribute to the high proportion of women living in poverty who first gave birth during adolescence. To make meaningful comparisons of births among teens in different race groups, teen birth rates have been calculated by relating the number of teen births in each race group to the total number of teen women in the same age-race group. In 2011, according to USA Department of Health and Hospitals' Office of Adolescent Health, Louisiana's birth rate for black teenagers, age 15-19, was 54%, the rate for white teenagers was 40%, and for other race teenagers were 6%.

Preterm infants who have a lower than normal birth weight are at higher risk of experiencing neurological problems, respiratory and gastrointestinal disorders, developmental problems, and slowed growth.¹² Low-birth weight infants who survive are more likely than infants of normal weight to have brain damage, lung and liver disease, subnormal growth, developmental problems, and other adverse health conditions. The effects of low-birth weight follow these infants throughout life with a greater likelihood of physical, intellectual, and behavioral difficulties.¹³ In the long run, higher proportions of low-birth weight infants are enrolled in special education classes relative to their normal birth weight counterparts.¹⁴ In 2013, 10.9%, of the 62,913 infants born to Louisiana residents were low-birth weight babies. Both Louisiana and the United States have seen an increase in the percentage of infants with low-birth weight in recent years. Louisiana had the second highest percentage of low-birth weight babies in the nation during 2014, and was outranked only by Mississippi, according to

<http://www.americashealthrankings.org/ALL/birthweight>.

¹² High- Risk Infants. Journal of the American Medical Association. 284 (16) 2142 October 25th 2000.

¹³ Waldman HB. Perlman SP., Low Birthweight babies grow older, but there could be... Journal of Dentistry for Children. 68 (5-6): 302, 2001 Sep-Dec.

¹⁴ <http://new.dhh.louisiana.gov/assets/oph/Center-RS/healthstats/HlthRprtCrd2010.pdf>

Black women in the state gave birth to infants of low-birth weight almost twice as frequently as white women did, at 15.7% compared to 8.1% of live births, respectively, according to the Louisiana Department of Health and Hospitals 2014 Report Card.

Infants weighing less than 1,500 grams (3 pounds, 4 ounces) at birth are considered to be very low-birth weight and are at much greater risk of mortality and long-term disability. The risk of early death for very low-birth weight infants is about 65 times that of infants who weigh at least 1,500 grams.¹⁵ In 2013, 2.1% of infants born to Louisiana residents weighed less than 1,500 grams, as compared to 1.4% of infants born in 2013 to United States residents, according to the KIDS Count Data. As with infants weighing less than 2,500 grams, there were demographic differences in the mothers giving birth to very low-birth weight infants. Black mothers in Louisiana gave birth to very low-birth weight infants at 15% versus 8% of total live births of whites in 2014, according to the Kaiser Family Foundation. Infants born to the youngest and the oldest mothers were more likely to be very low-birth weight.

The subcontractors that have been recruited for participation are located in areas that serve low-income women. In rural areas that may have widespread pockets of low-income communities, FVRI will coordinate the use of a mobile testing unit and require subcontractors to conduct outreach events in order to provide coverage of the entire region.

Demonstrate effective collaborations aimed at serving a broad population base.

The following providers have agreed to participate and providers have been secured for all of the regions.

¹⁵ Ventura SJ, Martin JA, Curtin SC, Mathews TJ. "Report of Final Fatality Statistics, 1995." *Monthly Vital Statistics Report*, vol. 45 no 11, p.17, suppl. Hyattsville, Maryland: National Center for Health Statistics. 1997.

REGION NUMBER	REGION NAME	PARISHES	
1	ORLEANS TBD	Jefferson: Women's New Life Center of Metairie St. Bernard	Plaquemines: Orleans:
2	BATON ROUGE	East Baton Rouge: <ul style="list-style-type: none"> • Women's Help Center • Women's New Life Center of BR • Pregnancy Problem Center • Catholic Charities of the Diocese of BR East Feliciana: West Baton Rouge	Pointe Coupee: Iberville: West Feliciana:
3	COVINGTON	Livingston: Family Resource Clinic St. Tammany: Washington:	St. Helena: Tangipahoa:
4	THIBODAUX	Ascension: Lafourche: Crossroads Pregnancy Resource Center St. James: Tremorine: Hope Restored for Life, Inc.	Assumption: St. Charles: St. John:
5	LAFAYETTE	Acadia: Iberia: Iberia Pregnancy Resource Center and Clinic, Inc. St. Landry: St. Mary:	Evangeline: Lafayette: Women's Center of Lafayette St. Martin: Vermilion:
6	LAKE CHARLES TBD	Allen: Calcasieu: Volunteers of America Jefferson Davis:	Beauregard: Cameron:
7	ALEXANDRIA	Avoyelles: Concordia: LaSalle: Vernon:	Catahoula: Grant: Rapides: Volunteers Pregnancy Services Winn:
8	SHREVEPORT	Bienville: Caddo: DeSoto: Natchitoches: Sabine:	Bossier: Claiborne: Jackson: Red River: Webster: Northwest Louisiana Pregnancy Care Center

9	MONROE	Caldwell: Franklin: Madison: Ouachita: Tensas: West Carroll:	East Carroll: Lincoln: Life Choices of North Central LA Morehouse: Richland: Union:
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COST INFORMATION

CFMS # _____

AMENDED EXHIBIT B-BUDGET

CONTRACTOR	Family Values Resource Institute	ADDRESS	PO Box 74403 BR, LA 70874
SERVICE PROVIDED	Alternatives to Abortion	PARISH(ES) SERVED	Regions 1-9, 9 Parishes
CONTRACT PERIOD	9/1/2016 – 6/30/2017	BUDGET PERIOD	9/1/2016 – 6/30/2017

NOTE All budget justifications including computation of this budget must be retained and provided upon request. If more space is needed you may attach additional sheets utilizing the same format for the appropriate section.

SECTION A. SALARY – (Contracted/hourly employees not included)

Complete this section only for expenses that will be invoiced to the contract. Percentage of salary charged to contract must correlate to the actual percentage of time worked in the program.

(A) NAME POSITION/TITLE	(B) ANNUAL SALARY from all sources (Fringe not included)	(C) % OF TIME ALLOCATED TO PROGRAM	(D) (B*C=D) ALLOCATED ANNUAL SALARY AMOUNT TO PROGRAM	(E) TOTAL CONTRACT PERIOD SALARY
Project Director	\$ 61,000.00	90%	\$ 54,900.00	\$ 54,900.00
Project Administrator	\$ 44,953.24	82.31%	\$ 37,000.00	\$ 37,000.00
Educational Specialist/Outreach Coordinator	\$ 30,000.00	100%	\$ 30,000.00	\$ 30,000.00
Compliance Officer	\$ 35,000.00	70%	\$ 24,500.00	\$ 24,500.00
Data Entry Specialist/ Client Care Provider	\$ 30,000.00	100%	\$ 30,000.00	\$ 30,000.00
Client Services Coordinator/ Client Care Provider	\$ 25,000.00	100%	\$ 25,000.00	\$ 25,000.00
SECTION 1. TOTAL	\$225,953.24		\$201,400.00	\$201,400.00

CFMS# _____

SECTION B. Fringe Note: Itemize the fringe benefits for each position listed. Fringe benefits are not included in gross salary.

Position/Title	Retirement	Insurance 1.55%	FICA 7.65%	UI	Workers Comp 3.69%	Other	% To Contract	CONTRACT PERIOD
Project Director	\$ 945.50	\$ 4,666.50		\$ 2,250.90			90%	\$ 7,076.61
Project Administrator	\$ 696.77	\$ 3,438.92		\$ 1,658.77			82%	\$ 4,769.43
Educational Specialist / Outreach Coordinator	\$ 465.00	\$ 2,295.00		\$ 1,107.00			100%	\$ 3,867.00
Compliance Officer	\$ 542.50	\$ 2,677.50		\$ 1,291.50			70%	\$ 3,158.05
Data Entry Specialist / Client Care Provider	\$ 465.00	\$ 2,295.00		\$ 1,107.00			100%	\$ 3,867.00
Client Services Coordinator/ Client Care Provider	\$ 387.50	\$ 1,912.50		\$ 922.50			100%	\$ 3,222.50
Total	\$3,114.77	\$ 15,372.92		\$ 7,415.17				\$ 22,738.09

Place % allocation used under to determine benefit amount under each category heading

SECTION C. TRAVEL EXPENSES

Complete this section only for expenses identified to the contract. Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

LINE ITEM	BUDGET PERIOD TOTAL
CONFERENCE TRAVEL (Enter detail)	
ROUTINE TRAVEL (Subcontractor Compliance Site Visits, Trainings & Subcontractor reimbursements for travel costs to required meetings)	\$ 1,600.00
OTHER (Lodging)	\$ 400.00
TOTAL	\$ 2,000.00

SECTION D. OPERATING EXPENSES

Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services. A copy of lease agreement should be attached.

LINE ITEM	BUDGET PERIOD TOTAL
BUILDING RENT (<i>Renting 2000 Square Feet of Office Space in 2500 Sq. Ft. Office Building</i>)	\$ 12,400.00
UTILITIES (<i>Entergy & Water</i>)	\$ 2,250.00
TELEPHONE (<i>Cox Communications</i>)	\$ 3,150.00
OTHER (<i>See Attached</i>)	\$ 59,600.00
TOTAL	\$ 77,000.00

SECTION E. SUPPLIES

Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of business. List each type with complete description of item and costs. Attach a detailed explanation of these charges.

LINE ITEM	BUDGET PERIOD TOTAL
Education Materials - Parenting, Prenatal & Earn While You Learn Supplies	\$ 2,500.00
TOTAL	\$ 2,500.00

SECTION F. PROFESSIONAL

Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical, and dental. (Subcontracts and non-salaried personnel should be included in this section.)

CHARGE (be specific)	BUDGET PERIOD TOTAL
Public Relations Consultant	\$ 10,000.00
Evaluator	\$ 13,333.33
Auditor	\$ 11,500.00
Web Database Development	\$ 10,000.00
Accounting / Bookkeeping Services	\$ 32,000.00
TOTAL	\$ 76,833.33

SECTION G. OTHER CHARGES

Complete this section only for expenses identified to the contract. Include expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

LINE ITEM	BUDGET PERIOD TOTAL
Subcontractors	\$ 875,528.58
TOTAL	\$ 875,528.58

SECTION H. EQUIPMENT

Complete this section only for expenses identified to the contract. Include tangible assets purchased for use in the operations of an office such as, office machines and furniture. Cost would include purchase price, delivery charges, taxes, and other purchase related costs. Equipment is defined as any item of value and/or has a useful life of more than one (1) year. The value of equipment is defined by the user agency and funding source. Contractor's required to obtain prior approval required from DCFS before making purchase.

LINE ITEM	BUDGET PERIOD TOTAL
1 Laptop, 2 Printers & External DVD Drives	\$2,000.00
	\$2,000.00
TOTAL	\$ 0.00

SECTION I. INDIRECT COST

Complete this section only for expenses identified to the contract. Indirect costs should be no more than the agreed on budgeted amount. Attach a copy of the contractor's approved indirect rate agreement or rate plan.

LINE ITEM	BUDGET PERIOD TOTAL
	\$ 0.00
	\$ 0.00
TOTAL	\$ 0.00

CFMS # _____

BUDGET SUMMARY

BUDGET ITEM	BUDGET PERIOD TOTAL	CONTRACT TOTAL
Section A Salary	\$ 225,953.24	\$ 201,400.00
Section B Fringe	\$ 25,902.87	\$ 22,738.09
Section C Travel Expense	\$ 2,000.00	\$ 2,000.00
Section D Operating	\$ 77,000.00	\$ 77,000.00
Section E Supplies	\$ 2,500.00	\$ 2,500.00
Section F Professional	\$ 76,833.33	\$ 76,833.33
Section G Other Charges	\$ 875,528.58	\$ 875,528.58
Section H Equipment	\$ 2,000.00	\$ 2,000.00
Section I Indirect Cost	\$ 0.00	\$ 0.00
TOTAL	\$1,260,000.00	\$1,260,000.00

Budget reflects entire cost of services. Contractor is responsible for all cost incurred which are not agreed upon for providing services through this contract.

through this contract.

THIS AGREEMENT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. ALL PARTIES CERTIFY THAT THEY HAVE REVIEWED THE INFORMATION AND ARE AUTHORIZED TO ACT ON BEHALF OF THE RESPECTIVE AGENCY.

Mark Hone, Project Director
Contractor name and title

Contractor name and title

DCFS Program Manager 1/2

Date

DCFS Program Director

Attachment**SECTION D. OPERATING EXPENSES** (Continued from page 3)

LINE ITEM	BUDGET PERIOD TOTAL
<i>Insurance (Liability Insurance)</i>	\$ 1,300.00
<i>Maintenance (Office Cleaning)</i>	\$ 5,000.00
<i>Printing (Brochures, newsletters, posters, letterhead, envelopes, etc.)</i>	\$ 3,000.00
<i>Cell Phone (Project Director & Compliance Coordinator)</i>	\$ 1,000.00
<i>Postage (Postage machine & cost of postage for distribution of mailings)</i>	\$ 2,000.00
<i>Office Supplies (General Office Supplies)</i>	\$ 4,200.00
<i>Advertisements (Billboards, Radio Commercial, Promotional mailings, In-bus advertisements, etc.)</i>	\$25,000.00
<i>Service Provider Training (Cost of conferences, webinars, conference calls, onsite location meetings to include costs for trainers, facilitators, food, snacks, beverages & tools for capacity building)</i>	\$ 5,000.00
<i>Internet (Internet service)</i>	\$ 750.00
<i>Electronic Payroll Transaction Fees (Cost for employee payroll processing, direct deposit, subcontractor payments, W-2 & 1099 processing.)</i>	\$ 2,600.00
<i>Online Client Database (Monthly database subscriptions and hosting support)</i>	\$ 9,750.00
TOTAL	\$ 59,600.00

APPENDIX

501(c) 3

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 11 2003

FAMILY VALUES RESOURCE INSTITUTE
INC
PO BOX 74403
BATON ROUGE, LA 70874

Employer Identification Number:
72-1415039
DLN:
17053165717073
Contact Person:
HIRAM LEE HARVILLE ID# 31257
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b) (1) (A) (VI)

Dear Applicant:

Our letter dated August 20, 1998, stated you would be exempt from Federal income tax under section 501(O) (3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern Time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Bylaws